

State of Arizona
(Name of County)

1. I, (Name), am a (Title) with the (Name of Agency). I am over the age of eighteen.
2. The (Name of Agency) is conducting an investigation involving (Name/s of Suspect), (SSN: _____) or Arizona DL# is (_____), and DOB is (_____). (Insert time-frame for search).
3. In accordance with Arizona Revised Statute § 36-2604(C)(5) and Arizona Administrative Rules R4-23-503(C)(5), the information requested is pursuant to an open complaint or investigation.
4. All information, including names, addresses, and other identifying information, presented in the request only relate to the subject being investigated.

(Printed Name)
(Title)
(Agency Name)

Signature

Subscribed and sworn to before me in the County of _____, State of _____, this _____ day of _____, 20____.

Notary Public Seal

NOTARY PUBLIC

My Commission expires: _____

Note: This is not a required format. This resource is provided to assist you in complying with the CSPMP minimum requirements.

** Office Use Only **